Armenia Demographic and Health Survey 2005

Preliminary Report

National Statistical Service
Republic of Armenia

Ministry of Health
Republic of Armenia

MEASURE DHS
ORC Macro

This report summarizes the findings of the 2005 Armenia Demographic and Health Survey (ADHS) carried out by the National Statistical Service and the Ministry of Health. ORC Macro provided financial and technical assistance for the survey through the USAID-funded MEASURE DHS program, which is designed to assist developing countries to collect data on fertility, reproductive health, and maternal and child health. Additional support for the ADHS was received from the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). The opinions expressed in this report are those of the authors and do not necessarily reflect the views of USAID.

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ARMENIA
DEMOGRAPHIC AND HEALTH SURVEY
2005

PRELIMINARY REPORT

National Statistical Service
Yerevan, Armenia

Ministry of Health
Yerevan, Armenia

MEASURE DHS
ORC Macro
Calverton, Maryland, U.S.A.

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FROM THE AMERICAN PEOPLE

National Statistical Service

Ministry of Health

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I. Introduction

The 2005 Armenia Demographic and Health Survey (ADHS) was a nationally representative sample survey designed to provide information on population and health issues in Armenia. The ADHS was conducted by the National Statistical Service and the Ministry of Health of the Republic of Armenia during September-December 2005. ORC Macro provided technical support for the survey through the MEASURE DHS project. The MEASURE DHS project is sponsored by the United States Agency for International Development (USAID) to assist countries worldwide in obtaining information on key population and health indicators. USAID/Armenia provided funding for the survey. UNICEF/Armenia and UNFPA/Armenia supported the survey through in-kind contributions.

The purpose of the 2005 ADHS was to collect national and regional level data on fertility and contraceptive use, maternal and child health, adult health, and AIDS and other sexually-transmitted diseases. Thus, much of the information collected in the survey represents updated estimates of basic health and demographic indicators covered in the 2000 ADHS (NSS, MOH, and ORC Macro, 2001). The survey obtained detailed information on these issues from women of reproductive ages and, on certain topics, from men as well. Data are presented by region (marz) when sample size permits.

The survey findings provide estimates for a variety of demographic indicators. The 2005 ADHS results are intended to provide the information needed to evaluate existing social programs and to design new strategies for improving the health of and health services for the people of Armenia. The 2005 ADHS also contributes to the growing international database on demographic and health-related indicators.

This preliminary report presents initial findings relating to the principal topics in the survey. The final report will be issued in January 2007. The figures in this preliminary report are not expected to differ markedly from the findings presented in the final report; nevertheless, the results presented here are considered provisional and are subject to modification.

II. Survey Implementation

A. Sample Design and Implementation

The sample was designed to permit detailed analysis, including the estimation of rates of fertility, infant/child mortality and abortion, for the national level, for Yerevan, and for total urban and total rural areas separately. Many indicators can also be estimated at the regional (marz) level.

A representative probability sample of 7,565 households was selected for the 2005 ADHS sample. The sample was selected in two stages. With an allocation scheme for Armenia, in the first stage 308 clusters were selected from a list of enumeration areas in a subsample from a master sample that was designed from the 2001 Population Census. In the second stage, a complete listing of households was carried out in each selected cluster. Households were then systematically selected for participation in the survey.

All women age 15-49 who were either permanent residents of the households in the 2005 ADHS sample or visitors present in the household on the night before the survey were eligible to be interviewed. Interviews were completed with 6,566 women. In addition, in a subsample of one-third of all the households selected for the survey, all men age 15-49 were eligible to be interviewed if they were either permanent residents or visitors present in the household on the night before the survey. Interviews were completed with 1,447 men.

B. Questionnaires

Three questionnaires were used in the ADHS: a household questionnaire, a woman's questionnaire, and a man's questionnaire. The household and individual questionnaires were based on model survey instruments developed in the MEASURE DHS program, and on questionnaires used in the 2000 ADHS. The model questionnaires were adapted for use by experts from the NSS and MOH. Input was also sought from a number of non-governmental organizations. The questionnaires were developed in English and translated into Armenian. The household and individual questionnaires were pretested in June 2005.

The Household Questionnaire was used to list all usual members of and visitors to the selected households and to collect information on the socioeconomic status of the household. The first part of the Household Questionnaire collected information on the age, sex, educational attainment, and relationship to the household head of each household member or visitor. This information provides basic demographic data for Armenian households. It also was used to identify the women and men who were eligible for the individual interview (i.e., women age 15-49 and men age 15-49). In the second part of the Household Questionnaire, there were questions on housing characteristics (e.g., the flooring material, the source of water and the type of toilet facilities), on ownership of a variety of consumer goods, and other questions relating to the socio-economic status of the household. In addition, the Household Questionnaire was used to record height and weight measurements of women, men, and children under age five, hemoglobin measurement of women and children under age five, and blood pressure measurement of women and men.

The Women's Questionnaire obtained information from women age 15-49 on the following topics:

- Background characteristics

- Pregnancy history
- Antenatal, delivery, and postnatal care
- Knowledge, attitudes, and use of contraception
- Reproductive and adult health
- Health care utilization
- Vaccinations, birth registration, and health of children under age five
- Episodes of diarrhea and respiratory illness of children under age five
- Breastfeeding and weaning practices
- Marriage and recent sexual activity
- Fertility preferences
- Knowledge of and attitude toward AIDS and other sexually transmitted diseases

The Men's Questionnaire, administered to men age 15-49, focused on the following topics:

- Background characteristics
- Health and health care utilization
- Marriage and recent sexual activity
- Attitudes toward and use of condoms
- Knowledge of and attitude toward AIDS and other sexually transmitted diseases
- Attitudes toward women's status

C. Training of Field Staff

The main survey training, which was conducted by the National Statistical Service, was held during a three-week period in August and was attended by all supervisors, field editors, interviewers, and quality control personnel. The training included lectures, demonstrations, practice interviewing in small groups, and examinations. The health technicians, who were recruited by the Ministry of Health, were trained separately during the same period. They received training in anthropometric measurement, anemia testing, and blood pressure measurement. All field staff participated in four days of field practice.

D. Fieldwork and Data Processing

Thirteen teams collected the survey data; each team consisted of four female interviewers, a male interviewer, a field editor, and a team supervisor. A health technician was also assigned to each team. Fieldwork began in early September 2005 and was completed by early December. Senior DHS technical staff visited teams regularly to review the work and monitor data quality.

The processing of the ADHS results began shortly after the fieldwork commenced. Completed questionnaires were returned regularly from the field to NSS headquarters in Yerevan, where they were entered and edited by data processing personnel who were specially trained for this task. The data processing personnel included a supervisor, a questionnaire administrator who ensured that the expected number of questionnaires from all clusters were received, several office editors, 10 data entry operators, and a secondary editor. The concurrent processing of the data was an advantage since the senior DHS technical staff was able to advise field teams of problems detected during the data entry. In particular, tables were generated to check various data quality parameters. As a result, specific feedback was given to the teams to improve performance. The data entry and editing phase of the survey was completed in January 2006.

E. Coverage of the Sample

Table 1 presents household and individual response rates for the survey. A total of 7,565 households were selected for the sample, of which 7,003 were occupied at the time of fieldwork. The main reason for the difference is that some of the dwelling units that were occupied during the household listing operation were either vacant or the household was away for an extended period at the time of interviewing. Of the occupied households, 96 percent were successfully interviewed.

In these households, 6,773 women were identified as eligible for the individual interview. Interviews were completed with 97 percent of them. Of the 1,630 eligible men identified, 89 percent were successfully interviewed.

Table 1. Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence, Armenia 2005

Result	Residence		Total
	Urban	Rural	
Household interviews			
Households selected	5,446	2,119	7,565
Households occupied	5,032	1,971	7,003
Households interviewed	4,806	1,901	6,707
Household response rate	95.5	96.4	95.8
Individual interviews: women			
Number of eligible women	4,732	2,041	6,773
Number of eligible women interviewed	4,592	1,974	6,566
Eligible women response rate	97.0	96.7	96.9
Individual interviews: men			
Number of eligible men	1,126	504	1,630
Number of eligible men interviewed	999	448	1,447
Eligible men response rate	88.7	88.9	88.8

III. Preliminary Findings from the 2005 ADHS

A. Characteristics of Respondents

Table 2 shows the distribution of women age 15-49 and men age 15-49 who were interviewed in the 2005 ADHS by selected background characteristics. For the most part, the male and female populations represented in the sample are evenly distributed by age, but there are some noticeable exceptions. For example, there are lower proportions of women and men in their thirties, than those in older and younger age groups. This is notable because people in this age group tend to be economically active.

Table 2. Background characteristics of respondents

Percent distribution of women and men by background characteristics, Armenia 2005

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15-19	17.1	1,123	1,136	20.2	292	295
20-24	17.2	1,131	1,067	16.3	237	239
25-29	14.2	929	910	14.0	202	183
30-34	11.4	749	709	10.8	156	157
35-39	10.8	711	720	10.4	150	138
40-44	14.7	965	1,024	13.8	199	210
45-49	14.6	958	1,000	14.6	211	225
Marital status						
Never married	31.1	2,043	2,006	42.5	615	614
Married	60.8	3,995	4,064	49.6	717	754
Living together	0.7	49	48	6.7	98	61
Divorced/separated	4.9	325	281	0.9	13	15
Widowed	2.4	155	167	0.3	4	3
Residence						
Urban	63.9	4,194	4,592	63.1	913	999
Rural	36.1	2,372	1,974	36.9	534	448
Region						
Yerevan	37.6	2,468	1,141	37.8	547	262
Aragatsotn	4.5	292	553	4.9	71	142
Ararat	7.0	462	545	7.6	110	108
Armavir	8.6	567	613	9.6	139	146
Gegharkunik	6.7	443	593	5.6	81	123
Lori	8.2	537	464	6.0	87	56
Kotayk	8.6	563	562	10.4	151	128
Shirak	8.6	563	583	6.8	98	112
Syunik	4.3	281	537	4.6	67	139
Vayots Dzor	1.6	107	407	2.1	31	106
Tavush	4.3	285	568	4.4	64	125
Education						
General basic	8.1	529	506	14.1	205	193
Secondary general	37.2	2,440	2,522	40.5	586	601
Specialized secondary	30.4	1,997	2,141	21.5	310	328
Higher	24.4	1,600	1,397	23.9	346	325
Total	100.0	6,566	6,566	100.0	1,447	1,447

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.

A majority of both women and men are married (or living together). Compared with the results of the 2000 ADHS, there is a much lower proportion of married men (68 percent versus 56 percent). This can be explained in part by a larger cohort of the youngest men (age 15-19). Seven percent of women are divorced, separated, or widowed as opposed to 1 percent of men. Thirty-one percent of women and 43 percent of men have never been married.

Almost two-thirds of the population live in urban areas, the majority of those in Yerevan. There is considerable variation by region.

Approximately half of all respondents have either some general basic education or secondary education. Thirty percent of women have attended a specialized secondary institution, as have 22 percent of men. Approximately one-quarter of respondents have at least some higher education.

B. Reproduction

All women who were interviewed in the 2005 ADHS were asked to give a complete reproductive history. In collecting these histories, each woman first was asked about the total numbers of pregnancies that had ended in live births, induced abortions, miscarriages, and stillbirths. After obtaining these aggregate data, an event-by-event pregnancy history was collected. For each pregnancy, the duration, the month and year of termination, and the result of the pregnancy were recorded. Information was collected about the most recent completed pregnancy, then the next-to-last, etc. For each live birth, information was collected on the sex of the child, survival status, and age (for surviving children) or age at death (for deceased children).

Current Fertility

The data collected in the reproductive history were used to calculate two of the most widely used measures of current fertility: the total fertility rate (TFR) and its component age-specific fertility rates. The TFR is interpreted as the number of children the average woman would bear in her lifetime if she experienced the currently observed age-specific rates throughout her reproductive years. The fertility rates refer to the three-year period before the survey (i.e., approximately from October 2002 to October 2005).

According to the results of the 2005 ADHS, the TFR is 1.7 children per woman. This is below replacement level fertility (which is slightly more than 2.0). The 2005 ADHS rate of 1.7 is the same as the rate estimated by the 2000 ADHS. Thus, there is no evidence of change in overall levels of fertility in Armenia over the last five years.

The data suggest, however, some change in terms of urban-rural differentials. While urban fertility is statistically the same (1.5 in 2000 versus 1.6 in 2005) there is some evidence of decline in rural areas (from 2.1 in 2000 to 1.8 in 2005). Overall, the pattern of age-specific fertility rates is the same, although there has been a shift away from child bearing at the youngest ages (15-19) to higher levels of fertility in the twenties, particularly late twenties (Figure 1).

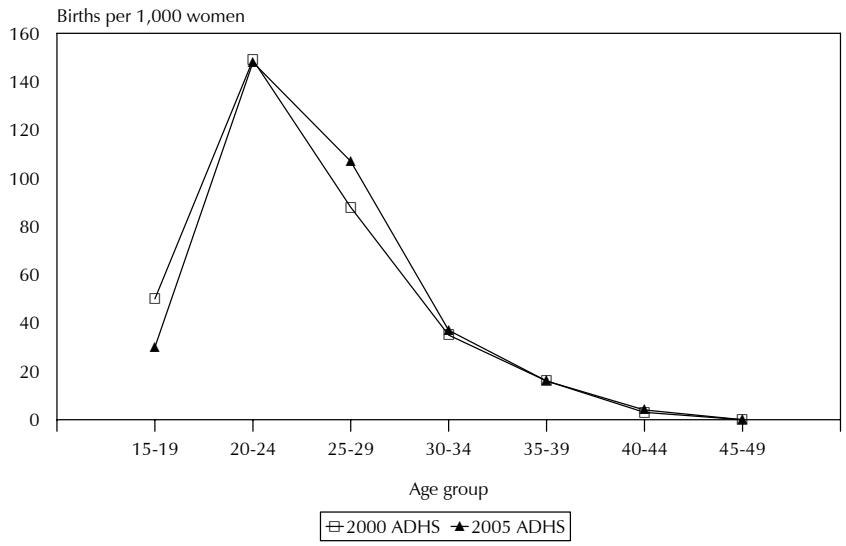
Table 3. Current fertility

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by urban-rural residence, Armenia 2005

	Residence		
Age group	Urban	Rural	Total
15-19	22	43	30
20-24	140	165	148
25-29	104	115	107
30-34	43	26	37
35-39	15	16	16
40-44	6	1	4
45-49	0	0	0
TFR	1.6	1.8	1.7
GFR	57	60	58
CBR	14.5	14.9	14.6

Note: Rates for age group 45-49 may be slightly biased due to truncation.
TFR: Total fertility rate for ages 15-49, expressed per woman
GFR: General fertility rate (births divided by the number of women age 15-44), expressed per 1,000 women
CBR: Crude birth rate, expressed per 1,000 population

Figure 1 Age-Specific Fertility Rates Armenia 2000 and 2005



At the national level, the 2005 ADHS rate of 1.7 is higher than the official government rates published for the same period. For example, 1.4 was the official TFR for both 2003 and 2004 (National Statistical Service, 2005). An important difference in the computing of these rates should be noted: whereas the ADHS rate is based on the de facto population, the official government rates are based on the de jure population.

Rates of Induced Abortion

Table 4 shows age-specific abortion rates and total abortion rates (TAR) from the 2005 ADHS. These rates are calculated in a manner analogous to the calculation of fertility rates. The reported rates refer to the three-year period prior to the survey (i.e., approximately October 2002 to October 2005). The TAR is interpreted as the number of abortions a woman would have in her lifetime if she experienced the currently observed age-specific abortion rates during her childbearing years.

The total abortion rate for Armenia is 1.8 abortions per woman. This means that the average number of abortions an Armenian woman will have according to current abortion rates is approximately the same as the number of births she will have (1.7). The age-specific rates of induced abortion peak among women age 25-29 and decline in the older ages.

The 2005 ADHS TAR of 1.8 is significantly lower than the 2000 ADHS rate of 2.6. The reason for such a difference is

Table 4. Current abortion rates

Age-specific and total abortion rates and the general abortion rate for the three years preceding the survey, by urban-rural residence, Armenia 2005

	Residence		
Age group	Urban	Rural	Total
15-19	5	2	4
20-24	53	73	60
25-29	112	144	123
30-34	75	122	92
35-39	39	73	53
40-44	15	16	16
45-49	9	2	7
TAR	1.5	2.2	1.8
GAR	48	64	54

TAR: Total abortion rate for ages 15-49, expressed per woman
GAR: General abortion rate (births divided by the number of women age 15-44, expressed per 1,000 women

not clear, particularly given the accompanying decline in contraceptive use. It is notable that more married women reported that their husbands were residing elsewhere in 2005 than in 2000 (14 percent versus 11 percent, data not shown). It is possible that a decline in sexual activity could have contributed to a lower TAR. This issue will be explored in further detail in the final report.

C. Contraception

The 2005 ADHS collected information on knowledge and use of contraception. To obtain these data, respondents were first asked to name all of the methods that they had heard about. For methods not mentioned spontaneously, a description of the method was read, and the respondents were asked if they had heard of the method. For each method named or recognized, respondents were asked if they had ever used the method. Finally, women were asked if they (or their partner) were currently using a method. For analytical purposes, contraceptive methods are grouped into two types in the table: modern and traditional. Modern methods include female sterilization, male sterilization, pill, IUD, injectables, implants, male condom, female condom, foam/jelly, and lactational amenorrhea method (LAM). Traditional methods include periodic abstinence, withdrawal, and folk methods.

Table 5 shows the level and key differentials in the current use of contraception by method as reported by currently married women. The 2005 ADHS found that over half (53 percent) of currently married women are using some method of contraception. The majority of contraceptive users rely on a traditional method. The most commonly used method is withdrawal (28 percent), followed by the IUD (9 percent) and male condom (8 percent).

As expected, contraceptive use, particularly the use of modern methods, increases with educational attainment. Almost three times as many women with higher education than general basic education use a modern method (29 percent versus 11 percent). In general, women do not begin to use contraception until they have had at least one child. There is considerable variation in contraceptive use by region.

Overall, use of contraception has decreased from 61 percent of married women in the 2000 ADHS. The data indicate decreases in the use of both modern and traditional methods.

Table 5. Current use of contraception

Percent distribution of currently married women by contraceptive method currently used, according to background characteristics, Armenia 2005

Background characteristic	Any method	Modern method							Traditional method				Not currently using	Total	Number of women
		Any modern method	Female sterilization	Pill	IUD	Male condom	Foam/ jelly	LAM	Any traditional method	Periodic abstinence	Withdrawal	Folk method			
Age															
15-19	16.5	4.5	0.0	0.0	3.4	0.4	0.0	0.7	12.0	0.0	12.0	0.0	83.5	100.0	78
20-24	42.9	18.6	0.0	0.5	8.8	7.6	0.0	1.8	24.3	1.5	20.5	2.3	57.1	100.0	504
25-29	61.7	27.4	0.2	1.2	11.6	13.0	0.9	0.5	34.3	2.5	29.8	1.9	38.3	100.0	695
30-34	67.3	27.7	0.0	1.9	14.5	10.6	0.2	0.3	39.6	6.0	30.8	2.7	32.7	100.0	601
35-39	62.4	21.5	0.7	0.8	10.7	9.4	0.0	0.0	40.8	5.0	34.4	1.4	37.6	100.0	602
40-44	55.9	18.2	1.3	0.8	8.5	7.6	0.0	0.0	37.7	3.7	31.5	2.5	44.1	100.0	824
45-49	33.5	7.3	0.8	0.1	4.3	2.1	0.0	0.0	26.2	4.3	20.1	1.9	66.5	100.0	741
Living children															
0	3.6	1.8	0.0	0.0	0.0	1.8	0.0	0.0	1.8	0.0	1.8	0.0	96.4	100.0	265
1-2	57.2	22.7	0.2	0.8	10.5	10.3	0.3	0.5	34.5	4.1	27.8	2.6	42.8	100.0	2,458
3+	55.3	17.1	1.3	1.1	9.4	5.2	0.0	0.2	38.2	4.0	32.7	1.5	44.7	100.0	1,321
Residence															
Urban	54.3	21.7	0.7	1.0	9.8	9.8	0.3	0.2	32.6	4.7	25.3	2.6	45.7	100.0	2,447
Rural	51.2	16.1	0.4	0.6	8.9	5.5	0.0	0.7	35.2	2.5	31.4	1.3	48.8	100.0	1,597
Region															
Yerevan	58.5	25.4	0.9	1.1	10.5	12.2	0.5	0.1	33.1	5.8	24.4	2.9	41.5	100.0	1,362
Aragatsotn	53.6	23.0	1.5	1.5	11.8	7.3	0.0	0.9	30.6	2.5	26.9	1.2	46.4	100.0	196
Ararat	41.1	16.6	0.2	0.3	8.8	5.0	0.0	2.3	24.5	3.8	19.5	1.2	58.9	100.0	307
Armavir	57.8	12.6	0.0	0.0	7.0	5.6	0.0	0.0	45.2	1.2	41.8	2.2	42.2	100.0	381
Gegharkunik	41.0	16.4	0.7	0.9	6.4	7.8	0.0	0.5	24.7	2.9	20.6	1.1	59.0	100.0	303
Lori	51.4	22.1	0.0	1.5	14.0	6.7	0.0	0.0	29.3	2.6	25.6	1.1	48.6	100.0	343
Kotayk	48.9	11.3	0.5	0.7	4.9	4.8	0.0	0.4	37.6	4.0	31.8	1.8	51.1	100.0	357
Shirak	41.7	16.3	0.3	0.5	10.7	4.7	0.0	0.0	25.3	1.5	23.2	0.6	58.3	100.0	357
Syunik	61.4	16.5	0.9	0.5	11.9	2.4	0.0	0.8	44.9	2.1	38.9	3.9	38.6	100.0	189
Vayots Dzor	66.9	18.6	0.0	1.2	2.8	14.5	0.0	0.0	48.3	5.0	42.1	1.2	33.1	100.0	65
Tavush	62.2	16.8	0.0	0.8	7.5	8.2	0.3	0.0	45.3	4.6	37.5	3.3	37.8	100.0	184
Education															
General basic	41.6	11.1	0.0	0.0	7.2	1.5	2.4	0.0	30.5	1.3	28.1	1.1	58.4	100.0	235
Secondary general	52.3	17.1	0.9	0.4	9.1	6.2	0.0	0.4	35.2	2.3	31.1	1.8	47.7	100.0	1,629
Specialized secondary	52.5	18.1	0.3	1.5	9.0	7.0	0.0	0.3	34.4	4.6	27.6	2.2	47.5	100.0	1,353
Higher	58.8	28.9	0.5	0.8	11.4	15.5	0.1	0.5	30.0	6.1	21.2	2.7	41.2	100.0	828
Total	53.1	19.5	0.6	0.8	9.4	8.1	0.2	0.4	33.6	3.8	27.7	2.1	46.9	100.0	4,044

Note: If more than one method is used, only the most effective method is considered in this tabulation.
LAM = Lactational amenorrhea method

D. Fertility Preferences

Insight into the childbearing intentions of Armenian women was obtained by asking respondents whether they wanted to have another child and if so, how soon. Table 6 shows that the majority of married Armenian women express a desire to control their future fertility. Seven in ten respondents (70 percent) do not want to have any more children. The desire to limit fertility increases significantly by number of living children. For example, almost all married women with no children want to have a child; three-fourths say that they want to have a child soon. On the other hand, almost eight in ten women with two children say they want no more, as do nine in ten women with three or more children.

Table 6. Fertility preferences by number of living children

Percent distribution of currently married women by desire for children, according to number of living children, Armenia 2005

	Number of living children[1]					
Desire for children	0	1	2	3	4+	Total
Have another soon[2]	76.4	19.9	4.9	0.8	2.2	8.8
Have another later[3]	1.1	44.7	7.6	0.7	1.0	10.8
Have another, undecided when	7.7	8.2	1.8	0.8	0.0	2.6
Undecided	1.2	4.6	3.3	1.6	1.2	2.8
Want no more	0.9	18.2	78.9	89.8	90.6	70.1
Sterilized[4]	0.0	0.0	0.3	1.5	0.5	0.6
Declare infecund	12.5	4.2	2.9	4.8	4.5	4.1
Missing	0.3	0.0	0.4	0.1	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	159	624	1,923	1,076	263	4,044

[1] Includes current pregnancy
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years
[4] Includes both male and female sterilization

E. Maternal Care

Proper care during pregnancy and childbirth is important for the health of both the mother and her child. The 2005 ADHS included questions on maternal health care for births that occurred during the five years preceding the survey.

Antenatal Care

Antenatal care from a trained provider is important to monitor the pregnancy and reduce risks for the mother and infant during pregnancy and at delivery. Table 7 shows that 93 percent of mothers reported seeing a health professional at least once for antenatal care for the most recent birth in the five-year period before the survey. Coverage is almost uniformly high among mothers (approximately nine in ten or higher) regardless of background characteristics, with a few exceptions. The least educated women, as well as mothers in Gegharkunik and Shirak are notably less advantaged in terms of receiving professional antenatal care than women of other backgrounds.

Overall, this high coverage does not vary significantly from coverage estimated in the 2000 ADHS, although there is some variation by background characteristics. For example, according to the 2005 ADHS, a higher proportion of mothers in Aragatsotn received antenatal care from a health professional than in the 2000 ADHS (94 percent versus 80 percent). However, the opposite trend is evident for Shirak (79 percent versus 97 percent).

Table 7. Maternal care indicators

Percentage of women who had a live birth in the five years preceding the survey who received specific maternal health services during pregnancy for the most recent birth, and among all live births in the five years before the survey, percentage delivered by a health professional and percentage delivered in a health facility, by background characteristics, Armenia 2005

Background characteristic	Percentage with antenatal care from health professional[1]	Percentage given iron tablets or syrup during pregnancy	Number of women	Percentage delivered by a health professional	Percentage delivered in a health facility	Number of births
Mother's age at birth						
<20	90.5	15.0	111	100.0	99.4	190
20-34	93.9	18.6	991	98.2	96.0	1,241
35+	88.3	12.5	74	97.5	95.7	82
Birth order						
1	94.2	18.3	903	99.5	97.8	903
2-3	89.9	17.9	238	97.5	95.2	528
4+	89.9	6.8	35	92.5	89.4	81
Residence						
Urban	95.6	21.1	736	98.7	98.6	930
Rural	89.2	12.7	440	98.0	93.0	582
Region						
Yerevan	97.2	23.3	456	98.2	98.2	584
Aragatsotn	93.6	21.7	59	98.3	88.4	83
Ararat	92.9	8.6	102	99.8	98.3	127
Armavir	92.9	11.0	95	98.5	97.4	125
Gegharkunik	73.9	10.4	87	97.6	84.2	120
Lori	94.2	32.1	76	100.0	97.5	96
Kotayk	96.6	16.2	104	97.0	97.0	129
Shirak	79.4	8.1	72	97.8	97.8	90
Syunik	98.0	8.6	50	98.1	98.1	63
Vayots Dzor	98.1	17.3	16	100.0	100.0	19
Tavush	96.0	15.3	61	100.0	100.0	75
Education						
General basic	81.8	5.5	99	98.0	94.2	138
Secondary general	90.3	14.3	442	98.4	94.5	579
Specialized secondary	95.5	16.9	359	99.2	98.5	448
Higher	99.1	29.6	276	97.6	97.7	347
Total	93.2	17.9	1,176	98.4	96.4	1,512

[1] Doctor, nurse, midwife, feldsher, or family nurse

Iron Supplements

Mothers are recommended to take iron supplements during pregnancy since maternal anemia is a principal cause of both maternal and neonatal mortality. Table 7 shows that less than one-fifth of mothers (18 percent) received iron supplementation during pregnancy. Coverage varies as expected by residence and education. Mothers that live in urban areas are more likely to take iron supplements than women in rural areas (21 and 13 percent, respectively). Prevalence also increases significantly with increasing education; 30 percent of women with higher education take iron supplements compared with only 6 percent with general basic education.

Delivery Care

Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that can cause the death or serious illness of the mother and/or the infant. Table 7 shows that virtually all births in Armenia are delivered by a health professional; similarly, almost all deliveries take place in health facilities. Differentials in delivery care vary little by background characteristics of the mother.

Overall, the data suggest a slight increase in facility deliveries since the 2000 ADHS (91 percent to 96 percent). In particular, Gegharkunik shows great improvement from 59 percent to 84 percent.

F. Child Health

Infant and Child Mortality

One important objective of the 2005 ADHS was to measure the level and trend of mortality among children, since infant and child mortality rates are basic indicators of a country's socioeconomic situation and quality of life.

The 2005 ADHS questionnaire included a reproductive history in which questions were asked about each of a woman's pregnancies. Respondents were asked to report the outcome of each pregnancy in terms of standard international definitions. Live birth was defined as any birth, irrespective of the duration of pregnancy, that, after separation from the mother, showed any sign of life (for example, breathing, beating of the heart or movement of voluntary muscles) (WHO, 1993).

For each live birth reported in the pregnancy history, information was collected on the date of birth (month and year), sex, survivorship, and current age (for surviving children) or age at death (for deceased children). Thus respondents were asked to report about events occurring throughout their reproductive lives. For older respondents, women age forty and over, this means events occurring as long as 25 to 30 years ago. The information on live births is used to estimate the following five mortality rates:

Neonatal mortality (NN):	the probability of dying within the first month of life.
Postneonatal mortality (PNN):	the difference between infant and neonatal mortality.
Infant mortality ($_1q_0$):	the probability of dying between birth and exact age one.
Child mortality ($_4q_1$):	the probability of dying between exact ages one and five.
Under-five mortality ($_5q_0$):	the probability of dying between birth and exact age five.

All rates are expressed as deaths per 1,000 live births, except for child mortality, which is expressed as deaths per 1,000 children surviving to age one.

Table 8 shows infant and child mortality estimates based on data from the 2005 ADHS. For the five years preceding the survey (approximately calendar years 2001-2005), the infant mortality estimate is 26 per 1,000 live births. The estimates of neonatal and postneonatal mortality are 17 and 9 per 1,000, respectively. The estimate of child mortality (age one to four) is much lower: 4 per 1,000. The overall under-five mortality rate for the period is 30 per 1,000.

Trends in mortality over the fifteen-year period prior to the survey can also be examined from Table 8. The data suggest that mortality has decreased significantly over the last 15 years. For example, the infant morality rate was 41 per 1,000 during the early 1990s (the period 10-14 years before the

survey) and 30 per 1,000 during the late 1990s (the period 5-9 years before the survey) compared with the estimate of the early 2000s of 26 per 1,000.

Comparison with the results of the 2000 ADHS also suggests a significant decline. It should be noted that the 2005 ADHS infant mortality estimate of 30 for the 1996-2000 period is lower than the 2000 ADHS estimate for the same period (36). However, this difference is not statistically significant. Indeed, infant mortality is a difficult indicator to measure in a low-fertility country such as Armenia due to the large number of births required to calculate an accurate estimate.

Table 8. Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Armenia 2005

Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
0-4	17	9	26	4	30
5-9	20	10	30	7	36
10-14	17	24	41	7	48

[1] Computed as the difference between the infant and neonatal mortality rates

Vaccinations

Armenia's Ministry of Health has adopted World Health Organization (WHO) guidelines for childhood immunizations that call for all children to receive a BCG vaccination against tuberculosis; three doses of DPT to prevent diphtheria, pertussis, and tetanus; three doses of polio vaccine; and a measles vaccine during the first year of life. In Armenia, measles is given in the form of an MMR vaccination at 12 months of age to protect against measles, mumps, and rubella. In addition to these standard recommendations, since late 1999 the Ministry of Health recommends that children receive three doses of the hepatitis vaccine.

Information on vaccination coverage was collected in the 2005 ADHS for all children under five years of age. In Armenia, child health cards are maintained in the local health care facilities. Immunization passports (cards kept by the guardian) were made available in 1995 (MOH and UNICEF, 1999). In this survey, data were collected from both sources, when available. In the event that the mother did not have an immunization passport, she was asked to recall her child's immunizations. After all the interviews in a cluster were completed, the supervisor was in charge of going to the local clinic to record information from the health cards of the children in the sample. Health facility cards were found for almost all children age 12-23 months (92 percent). Among those children for whom immunization information was not found at a health facility, very few had immunization passports that were seen at home. Thus, while most of the data in Table 9 are based on health facility cards, in the case of children for whom a facility card was not located the data are based on the mother's recall.

Table 9 shows rates of vaccination coverage for children 12-23 months of age (i.e., the age by which children should be fully vaccinated). Almost all children (at least 95 percent) in the sample had received vaccinations for BCG and the first doses of polio, DPT, and hepatitis. However the proportion of children receiving the second and third doses of polio, DPT, and hepatitis is lower, as is the proportion receiving MMR. For example, 95 percent of children received the first dose of DPT, compared with 71

percent who received the third dose. Thus, the dropout rate[1] between the first and third doses of DPT is 24 percent. The corresponding dropout rates for polio and hepatitis are 21 percent and 23 percent, respectively.

Overall, the data show that just 60 percent of children 12-23 months of age had received all basic WHO-recommended vaccinations by the date of the interview. This represents a significant decline from the 2000 ADHS estimate of 76 percent. A slightly lower proportion of children (56 percent) received the entire course of MOH-recommended vaccinations, which includes hepatitis. There is significant variation by residence in the proportion of children who are fully immunized. Surprisingly, children living in rural areas are more likely than children living in urban areas to be fully immunized.

Table 9. Vaccinations by background characteristics

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a facility vaccination card seen, by background characteristics, Armenia 2005

Background characteristic	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All basic[1]	No vacci-nations	Hepatitis 1	Hepatitis 2	Hepatitis 3	All[1] + Hep	Percentage with a facility vacci-nation card	Number of children
Sex																
Male	99.0	92.6	80.8	69.0	96.2	89.1	74.3	71.4	58.7	0.7	96.1	85.4	69.9	54.4	93.6	177
Female	98.0	97.2	85.3	74.9	99.3	90.1	80.5	73.5	61.2	0.0	99.4	94.5	83.2	57.5	89.2	125
Birth order																
1	98.1	94.1	79.9	69.8	97.8	88.6	74.4	71.2	57.5	0.6	98.1	87.3	73.1	54.8	89.8	218
2-3	100.0	95.7	90.0	75.7	96.7	91.8	83.4	75.1	65.3	0.0	95.8	93.8	81.4	57.9	96.8	84
Residence																
Urban	99.3	94.1	81.3	68.1	98.4	90.7	77.6	67.0	55.7	0.0	97.8	87.9	74.5	51.3	92.3	183
Rural	97.5	95.2	84.8	76.5	96.0	87.6	75.6	80.4	65.9	1.1	96.9	91.1	76.9	62.4	90.9	119
Region																
Yerevan	(100.0)	(94.5)	(79.6)	(62.0)	(98.6)	(91.9)	(74.9)	(59.3)	(47.0)	(0.0)	(97.4)	(84.8)	(71.1)	(42.5)	(92.1)	112
Other	97.8	94.6	84.5	77.0	96.8	88.1	78.0	80.0	67.2	0.7	97.5	91.7	78.0	63.5	91.6	189
Mother's education																
Basic general	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	28
Secondary general	98.5	92.9	84.7	72.5	96.0	89.3	76.2	70.8	57.7	1.1	97.8	87.6	73.7	56.2	93.4	122
Specialized general	100.0	94.6	77.4	68.7	99.4	88.5	73.5	73.8	64.1	0.0	98.8	85.6	71.5	59.1	91.8	96
Higher	97.1	97.3	89.7	70.2	98.5	93.2	80.1	79.4	65.6	0.0	95.3	95.1	82.7	57.9	96.3	56
Total	98.6	94.5	82.7	71.4	97.5	89.5	76.9	72.3	59.7	0.4	97.5	89.1	75.4	55.7	91.8	302

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been supressed.
[1] BCG, measles, and three doses each of DPT and polio vaccine

Treatment of Childhood Diseases

Acute respiratory illness, fever, and dehydration from severe diarrhea are major causes of childhood morbidity and mortality. Prompt treatment for children experiencing the symptoms of these illnesses is, therefore, crucial in increasing child well-being and reducing child deaths. To obtain information on how childhood illnesses are treated, mothers were asked (for each child under five years

[1] Dropout rate = (Dose 1 – Dose 3) * 100 / Dose 1

of age) whether in the two weeks before the survey the child had experienced cough with short, rapid breathing (symptoms of an acute respiratory infection), fever, or diarrhea.

Among all children under five years of age, 16 percent were reported to have fever, 8 percent had a cough with short, rapid breathing, and 17 percent had diarrhea within the two-week period preceding the survey (data not shown). Table 10 shows treatment sought for children with these illnesses. Among children with ARI symptoms or fever, 28 percent were taken to a health facility or health care provider. A much higher proportion, however, received a drug for the illness (66 percent). Although urban children were slightly more likely than rural children to take a drug (68 percent versus 62 percent), rural children were more likely than urban children to be taken to a health facility or provider (34 percent versus 25 percent).

Among children with diarrhea, 36 percent were taken to a health facility but just 25 percent were given oral rehydration salts (ORS). However, approximately two-thirds of children with diarrhea (65 percent) were at least treated with oral rehydration therapy (ORT), whether it was solution prepared from ORS packets, a home-prepared solution, or simply extra fluids. There is little variation in diarrhea treatment by residence, however, urban children are more likely than rural children to be taken to a health facility for treatment. (Interestly, this is the opposite of the care-seeking pattern observed for ARI/fever.) Also notable, boys seem to be significantly more likely to receive ORT than girls.

Table 10. Treatment for acute respiratory infection, fever, and diarrhea

Among children under five years who were sick with a cough accompanied by short, rapid breathing (symptoms of acute respiratory infection - ARI) or fever in the two weeks preceding the survey, percentage for whom treatment was sought from a health facility or provider and percentage given any drugs, and among children under five years who were sick with diarrhea during the two weeks preceding the survey, percentage for whom treatment was sought from a health facility or provider, percentage given a solution made from oral rehydration salt (ORS) packets, and percentage given any oral rehydration therapy (ORT), by background characteristics, Armenia 2005

	Children with symptoms of ARI or with fever			Children with diarrhea			
Background characteristic	Percentage for whom treatment was sought from a health facility/ provider[1]	Percentage given any drugs	Number with ARI/ fever	Percentage for whom treatment was sought from a health facility/ provider[1]	Percentage given solution from ORS packet	Percentage given any ORT[2]	Number with diarrhea
Sex							
Male	29.9	67.9	166	36.8	25.9	70.4	153
Female	25.8	63.2	136	35.2	23.3	56.9	93
Residence							
Urban	24.7	67.7	194	41.1	22.2	66.1	136
Rural	34.1	62.3	107	30.1	28.2	64.3	110
Mother's education							
General basic	*	*	*	*	*	*	15
Secondary general	28.5	74.0	123	31.3	17.3	53.2	96
Specialized secondary	30.4	71.9	85	41.8	24.1	75.4	83
Higher	(34.7)	(56.8)	66	(40.5)	(36.9)	(70.3)	51
Total	28.1	65.8	302	36.2	24.9	65.3	245

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Excludes pharmacy, shop, and traditional practitioner
[2] Includes ORS, recommended home fluid, and increased fluids

G. Child Nutrition

Infant Feeding Practices

Breast milk is the optimal source of nutrients for infants. Children who are exclusively breastfed receive only breast milk. Exclusive breastfeeding is recommended during the first 6 months of a child's life because it limits exposure to disease agents as well as providing all of the nutrients that are required for a baby. As the infant grows, breast milk alone no longer provides sufficient nourishment and other liquids and foods need to be added to a child's diet.

Table 11 describes the infant feeding practices of Armenian mothers. Among children under 6 months of age, most are breastfed (84 percent). However, just one-third (33 percent) are exclusively breastfed, as recommended. In addition to breast milk, 9 percent are given non-breast milk, 23 percent are given water or other liquids, and 20 percent are given solid or mushy food. Although the majority of Armenian children continue to breastfeed through nine months of age, almost all receive supplements in addition to breastmilk.

When comparing the results of the 2005 ADHS to the 2000 ADHS, it should be noted that the recommended duration of exclusive breastfeeding has changed. In 2005 the MOH officially recommended that mothers breastfeed exclusively for six months, instead of the four months that had been previously recommended.

Table 11. Breastfeeding status by age

Percent distribution of youngest children under three years living with the mother by breastfeeding status and percentage of children under three years using a bottle with a nipple, according to age in months, Armenia 2005

			Breastfeeding and consuming:							
Age in months	Not breast-feeding	Exclusively breastfed	Plain water only	Water-based liquids/ juice	Other milk	Comple-mentary food	Total	Number of children	Percentage using a bottle with a nipple[1]	Number of children
<2	(2.8)	(55.4)	(3.7)	(16.1)	(9.9)	(12.0)	100.0	42	(12.5)	46
2-3	16.1	24.2	16.5	13.2	11.4	18.7	100.0	64	49.9	66
4-5	(25.9)	(24.0)	(4.3)	(11.7)	(4.5)	(29.5)	100.0	51	(53.3)	51
6-7	(28.7)	(4.9)	(2.8)	(2.4)	(2.6)	(58.5)	100.0	51	(49.3)	51
8-9	(44.8)	(0.0)	(0.0)	(0.0)	(0.5)	(54.7)	100.0	57	(53.5)	57
10-11	(51.2)	(2.2)	(0.0)	(0.0)	(0.0)	(46.6)	100.0	52	(63.5)	54
12-15	59.6	0.0	0.0	0.0	0.0	40.4	100.0	91	52.6	93
16-19	76.6	1.0	0.0	0.0	0.0	22.5	100.0	91	53.7	101
20-23	85.1	0.0	0.0	0.0	0.6	14.3	100.0	93	28.4	108
24-27	93.3	0.0	0.0	0.0	0.0	6.7	100.0	112	25.5	131
28-31	93.6	0.0	0.0	0.0	0.0	6.4	100.0	72	24.8	99
32-35	97.5	0.0	0.0	0.0	0.0	2.5	100.0	58	6.5	80
<6	15.7	32.5	9.1	13.5	8.8	20.4	100.0	157	40.4	163
6-9	37.2	2.3	1.3	1.1	1.5	56.5	100.0	108	51.5	108

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children classified as breastfeeding and consuming plain water only consume no supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, water-based liquids/juice, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus children who receive breast milk and water-based liquids and who do not receive complementary foods are classified in the water-based liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well. Figures in parentheses are based on 25-49 unweighted cases.

[1] Based on all children under three years

There is an apparent decline in exclusive breastfeeding among children less than four months of age from 45 percent to 33 percent (data not shown). Although this difference could be due to a real decline, it should also be noted that the questionnaire methodology changed slightly between the two surveys. Specifically, the 2005 survey asked mothers about more kinds of complementary foods that could have been given to the child than were asked in 2000.

Nutritional Status of Children

Anthropometry provides one of the most important indicators of children's nutritional status. Height and weight measurements were obtained for children under five in the household.[2] The data on height and weight were used to compute three summary indices of nutritional status: height-for-age, weight-for-height, and weight-for-age. These three indices indicate children's susceptibility to diseases and their chances of survival.

The nutritional indices are expressed as percentages that fall between standard deviation units from the median for the international reference population recommended by the World Health Organization. Children who fall more than two standard deviations below the reference median are regarded as undernourished, while those who fall more than three standard deviations below the reference median are considered severely undernourished.

In the survey, children under five years of age in the household were eligible for height and weight measurements. Of the 1,419 children eligible for measurement (i.e., age 0-59 months at the time of the survey), over 90 percent were measured, and almost all of these children had valid measurements recorded (i.e., not implausibly high or low). Table 12 shows the nutritional status for all children with valid measurements by selected demographic and background characteristics.

Children whose height-for-age is below minus two standard deviations from the median of the reference population are considered stunted or short for their age. Stunting is the outcome of failure to receive adequate nutrition over an extended period and is also affected by recurrent or chronic illness. Overall, 13 percent of children under age five are stunted; 3 percent are severely stunted. In general, children born to mothers with less education are more likely to be stunted. There is significant regional variation in the prevalence of stunted children ranging from a low of 5 in Armavir to a high of 19 in Aragatsotn.

Children whose weight-for-height is below minus two standard deviations from the median of the reference population are considered wasted (or thin). Wasting represents the failure to receive adequate nutrition in the period immediately before the survey, and often is a result of recent illness, especially diarrhea, or of a rapid deterioration in food supplies. In Armenia, 5 percent of children were wasted at the time of the survey and less than one percent were severely wasted. Although the overall prevalence is low, there is considerable variation by background characteristics. Prevalence is particularly high in Shirak and Vayots Dzor.

Children whose weight-for-age is below minus two standard deviations from the median of the reference population are considered underweight. This measure reflects the effects of both acute and chronic undernutrition. Overall, 4 percent of children are underweight, signifying that Armenian children are about as likely to be wasted or underweight as the international reference population.

[2] Height was measured standing up for children age two years and above and lying down for children under two years using Shorr Boards. Weight was measured using electronic Seca scales.

Table 12. Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Armenia 2005

Background characteristic	Height-for-age		Weight-for-height		Weight-for-age		Number of children
	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage below -3 SD	Percentage below -2 SD[1]	
Age in months							
<6	1.9	6.6	0.0	2.8	0.0	0.3	120
6-9	1.3	10.1	0.0	1.9	0.0	5.5	99
10-11	(2.5)	(9.1)	(0.0)	(4.1)	(0.0)	(0.7)	46
12-23	2.6	20.0	1.6	9.1	0.3	4.7	270
24-35	3.2	12.2	0.4	4.4	0.3	6.2	285
36-47	4.0	11.3	0.7	7.0	0.0	5.0	255
48-59	2.0	12.9	0.0	1.6	0.0	1.5	217
Sex							
Male	2.3	12.9	0.9	4.9	0.0	2.4	706
Female	3.3	13.1	0.2	5.2	0.3	6.0	587
Residence							
Urban	2.6	14.0	0.8	6.0	0.2	3.8	752
Rural	2.9	11.5	0.2	3.7	0.1	4.3	541
Region							
Yerevan	3.2	17.7	0.8	4.8	0.0	3.0	432
Aragatsotn	6.4	18.9	0.1	0.1	0.0	1.7	70
Ararat	2.3	13.6	0.0	3.8	0.0	7.4	128
Armavir	0.8	4.5	0.0	1.6	0.0	0.4	122
Gegharkunik	4.9	16.0	0.4	1.4	0.0	5.1	111
Lori	0.0	8.6	0.0	4.7	0.0	2.0	94
Kotayk	1.8	7.6	0.0	2.1	0.0	0.7	106
Shirak	3.8	11.1	4.5	32.6	1.1	17.6	78
Syunik	2.8	7.2	0.0	0.7	0.0	1.9	63
Vayots Dzor	4.8	6.9	0.0	24.2	3.5	11.3	16
Tavush	0.4	9.2	0.0	0.3	0.3	4.1	74
Mother's education[2]							
General basic	3.1	19.7	0.0	4.5	0.2	7.4	123
Secondary general	3.3	14.3	0.5	6.3	0.1	4.1	513
Specialized secondary	2.3	12.9	0.8	4.7	0.2	4.7	376
Higher	1.7	7.3	0.6	3.5	0.0	1.6	275
Mother's age[2]							
15-19	*	*	*	*	*	*	21
20-24	4.1	13.3	0.5	5.2	0.1	3.9	467
25-29	2.1	12.1	0.7	5.2	0.0	4.0	526
30-34	0.6	10.7	0.9	3.9	0.5	2.1	179
35-49	3.9	16.6	0.0	4.4	0.0	6.2	100
Total	2.7	13.0	0.6	5.1	0.1	4.0	1,293

Note: Table is based on children who stayed in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the NCHS/CDC/WHO International Reference Population. The percentage of children who are more than three or more than two standard deviations below the median of the International Reference Population (-3 SD and -2 SD) are shown by background characteristics. Table is based on children who have a valid date of birth (month and year) and valid height and weight measurements. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on less than 25 unweighted cases and has been suppressed.

[1] Includes children who are below -3 SD

[2] For women who were not interviewed (6 cases), information is taken from the Household Questionnaire. Excludes children whose mothers were not listed in the household schedule (5 cases)

H. Health Care

Health Care Utilization

One goal of the 2005 ADHS was to provide insight into health care utilization patterns in Armenia. Table 13 shows that, according to the reports of the respondents, more than one in ten women, men, and children under age five had a health problem in the three months preceding the survey. However, not everyone who reported a health problem had contact with a health care provider. Eight percent of women, 6 percent of men, and 10 percent of children had a consultation with a health professional in the three months preceding the survey.

Table 13. Utilization of health system

Percentage of women, men, and children under five who had an illness, accident, or chronic health problem in the three months preceding the survey, percentage who had a consultation with a health professional in the three months preceding the survey, and percentage of women, men, and children who were hospitalized during the year preceding the survey, Armenia 2005

Background characteristic	Percentage with problem in past 3 months	Percentage who got consultation in past 3 months	Percentage hospitalized in past year[1]	Number
WOMEN				
Residence				
Urban	13.6	8.0	2.2	4,194
Rural	14.0	7.4	2.5	2,372
Education				
General basic	14.3	6.2	2.0	529
Secondary general	14.1	8.1	2.2	2,440
Specialized secondary	15.4	8.8	2.6	1,997
Higher	11.1	6.4	2.3	1,600
Total	13.8	7.8	2.3	6,566
MEN				
Residence				
Urban	10.3	5.6	2.4	913
Rural	12.7	6.7	2.8	534
Education				
General basic	16.8	7.3	1.7	205
Secondary general	8.3	3.9	2.0	586
Specialized secondary	18.6	11.3	4.3	310
Higher	6.1	4.0	2.5	346
Total	11.2	6.0	2.6	1,447
CHILDREN				
Residence				
Urban	12.7	9.8	6.9	908
Rural	14.6	10.0	5.1	562
Mother's education				
General basic	9.0	4.6	2.2	135
Secondary general	12.6	8.3	7.4	563
Specialized secondary	14.8	12.0	5.9	436
Higher	14.7	11.8	6.2	335
Total	13.4	9.9	6.2	1,470

[1] Excludes hospitalization for births

There is little variation by urban-rural residence. Education, however, does seem to be correlated with both the reporting of health problems and the likelihood of seeking a medical consultation, especially among men and children.

Table 13 also shows hospitalization rates for the one year preceding survey. Two percent of women (excluding births), 3 percent of men and 6 percent of children were hospitalized in the year preceding the survey. Because of the low percentages of women, men and children who were hospitalized, it is difficult to analyze by background characteristics.

Perceived Barriers to Health Care

The 2005 ADHS included a series of questions designed to obtain information on the problems women perceive that they face in obtaining health care for themselves. This information is particularly important in understanding and addressing the barriers women may face in seeking care. To obtain this information, women age 15-49 were asked whether each of the following factors would be a big problem or not a big problem for them in obtaining health services: getting permission, getting money for treatment, the distance to the health facility, the cost of transport, having to take transportation, not wanting to go alone, concern that there may not be a female provider, concern that the provider will be unfriendly, concern that no drugs will be available, and concern that the service will be poor. Table 14 shows the percentages of respondents who consider each of the individual factors to be a big problem, and the percentage reporting at least one of the specified items to be a big problem, according to background characteristics.

Most women (89 percent) reported at least one factor or circumstance as a big problem. The major perceived barrier to women's access to health services is financial. Two-thirds of respondents (66 percent) believe that getting money for treatment is a big problem. Additionally, one-quarter (26 percent) cite the cost of transport.

Women also report barriers to obtaining health care that are associated with quality of care: more than half (58 percent) report that poor service is a big problem and 44 percent cite concern that the provider may be unfriendly. Over one-third mentioned that availability of either a provider or drugs is a big problem (36 and 35 percent, respectively).

Personal reasons can also affect women's access to health care. Four in ten women cite not wanting to go alone to the health facility as a big problem, while 24 percent are concerned that there may not be a female provider and 19 percent say that getting permission to go seek treatment is a big problem.

The proportion of women who say that at least one of the specified factors is a big problem is generally high across all background characteristics. Regional variation is the most significant, ranging from a low of 77 percent of women in Lori to a high of 100 percent in Syunik.

Table 14. Problems in accessing health care

Percentage of women who reported they have big problems in accessing health care for themselves when they are sick, by type of problem and background characteristics, Armenia 2005

Background characteristic	Problems in accessing health care												
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Cost of transport	Having to take transport	Not wanting to go alone	Concern there may not be a female provider	Concern no provider available	Concern provider unfriendly	Concern no drugs available	Concern service poor	Any of the specified problems	Number of women
Age													
15-19	34.9	59.6	21.7	26.5	18.2	58.4	43.4	37.4	43.7	35.0	57.5	87.8	1,123
20-34	20.7	62.6	18.3	23.0	15.8	42.1	24.2	36.4	44.5	35.4	60.5	89.4	2,810
35-49	11.1	71.1	21.9	28.5	18.9	28.7	15.5	35.9	42.9	34.0	56.1	89.9	2,633
Number of living children													
0	25.7	60.0	19.2	23.6	16.3	49.9	34.3	35.3	42.6	33.5	57.2	87.5	2,352
1-2	15.8	66.2	18.0	24.5	15.5	32.7	17.1	35.2	42.7	34.2	58.4	88.7	2,812
3+	15.3	73.5	26.9	32.1	23.3	35.8	20.5	40.5	47.7	38.1	59.7	93.5	1,402
Marital status													
Never married	26.5	60.2	19.4	23.6	16.7	50.8	35.3	35.0	42.3	33.9	57.4	88.0	2,043
Married or living together	17.3	66.6	20.7	25.7	17.1	35.8	19.5	37.3	44.9	35.6	59.6	89.9	4,044
Divorced/separated/ widowed	5.0	79.1	20.8	36.0	23.7	22.7	13.5	34.7	40.0	31.5	49.9	90.0	479
Residence													
Urban	16.7	63.5	12.6	19.8	11.2	35.5	20.6	33.7	40.7	32.3	56.1	87.9	4,194
Rural	23.9	69.2	34.1	36.5	28.4	46.5	29.9	41.1	49.1	39.3	61.9	91.9	2,372
Region													
Yerevan	18.8	62.4	9.6	19.6	9.7	36.0	18.1	31.8	37.4	30.4	55.0	88.5	2,468
Aragatsotn	37.1	57.9	42.1	44.2	42.9	49.4	40.0	52.4	50.2	41.7	57.1	94.2	292
Ararat	36.6	73.1	39.7	57.5	37.6	73.8	30.7	57.3	40.9	40.4	63.6	99.3	462
Armavir	10.3	72.4	32.1	34.6	26.9	39.4	40.5	48.6	77.8	54.9	92.1	96.4	567
Gegharkunik	32.0	58.8	29.0	26.5	22.4	43.4	30.0	42.9	56.5	46.0	78.8	90.7	443
Lori	5.6	60.1	10.9	21.3	9.6	26.5	14.9	14.8	21.1	17.2	28.0	77.1	537
Kotayk	22.0	65.0	9.2	10.4	9.4	38.7	22.2	14.8	30.3	26.6	43.5	84.8	563
Shirak	14.0	72.8	17.9	9.3	11.2	30.3	18.0	42.4	49.6	36.6	51.8	88.9	563
Syunik	19.9	78.8	51.2	52.4	34.9	47.6	51.4	90.7	89.8	60.6	95.7	99.8	281
Vayots Dzor	12.5	84.3	72.1	79.7	55.7	37.3	26.7	52.5	53.7	62.4	64.0	95.1	107
Tavush	7.2	61.7	17.6	16.0	11.0	35.7	9.9	3.5	17.6	9.7	38.4	79.6	285
Education													
Basic general	28.6	74.8	28.2	39.1	27.7	54.2	35.0	38.7	47.6	40.7	62.5	93.3	529
Secondary general	24.0	72.8	26.2	31.6	21.5	43.3	27.1	36.9	43.2	36.0	57.0	92.3	2,440
Specialized secondary	15.3	66.8	18.8	24.8	16.0	35.7	21.8	38.4	45.1	35.4	59.3	89.0	1,997
Higher	13.9	49.8	10.7	13.9	9.7	33.6	18.4	32.4	41.6	30.3	57.4	84.0	1,600
Employment													
Not employed	22.7	67.0	20.5	25.8	17.6	42.9	26.3	36.8	43.9	35.7	57.5	89.8	4,645
Working for cash	9.5	59.1	16.3	21.2	13.9	27.1	15.7	34.0	42.9	31.8	59.0	87.1	1,615
Not working for cash	19.0	77.2	39.3	50.8	34.0	52.9	31.7	43.5	45.2	37.2	64.9	93.8	301
Total	19.3	65.5	20.3	25.8	17.4	39.5	24.0	36.4	43.7	34.8	58.2	89.3	6,566

Note: Total includes 4 women with missing information on employment, who are not shown separately.

Knowledge of and Attitudes toward Family Medicine Program

In 1997, the MOH introduced the Family Medicine Program. The purpose of the program is to strengthen primary health care in Armenia by registering all family members with a doctor who can provide ongoing care for people of all ages and be the point of entry into the health care system. Although implementation has begun in only a few communities, efforts have been made to educate the public through the media.

Table 15 shows the percent distribution of women and men who have heard of the family medicine program (or "family doctors") by background characteristics. Although a majority of respondents have heard of the program, women are more likely than men to report knowledge (73 and 53 percent, respectively). The youngest women and men are the least likely to have heard of the program. Urban dwellers are more likely to have heard of family medicine than their rural counterparts; the differential is especially large among women. Regional variation is significant. There is a positive relationship between educational attainment and exposure to the program. For example, women with higher education are twice as likely to have heard of family medicine as women with general basic education (89 and 45 percent, respectively).

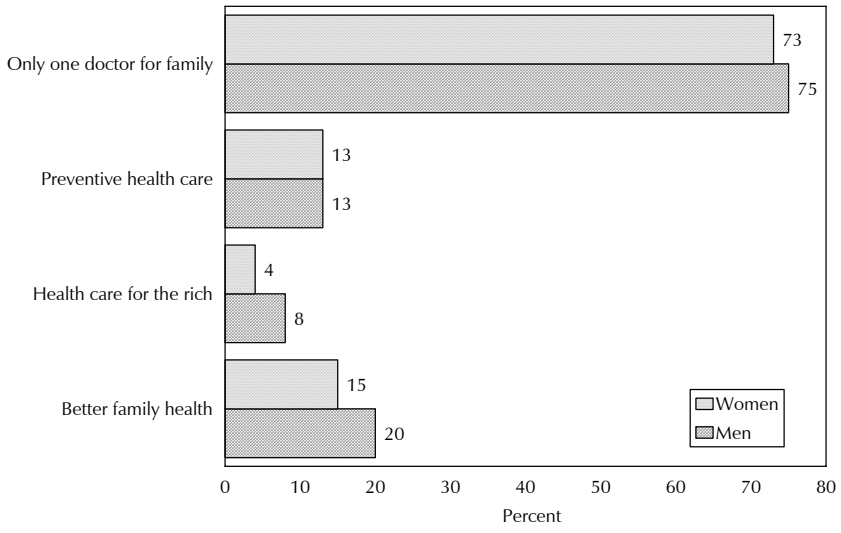
Table 15. Knowledge of the family medicine program

Percentage of women and men who have heard of "family medicine" or "family doctors", by background characteristics, Armenia 2005

	Women					Men				
Background characteristic	Yes	No	Missing	Total	Number of women	Yes	No	Missing	Total	Number of men
Age										
15-19	57.7	42.3	0.0	100.0	1,123	28.8	71.0	0.2	100.0	292
20-24	74.0	25.9	0.0	100.0	1,131	49.3	50.7	0.0	100.0	237
25-29	78.0	22.0	0.0	100.0	929	58.8	41.2	0.0	100.0	202
30-34	77.7	22.3	0.0	100.0	749	58.8	41.2	0.0	100.0	156
35-39	77.5	22.5	0.0	100.0	711	59.9	40.1	0.0	100.0	150
40-44	73.0	27.0	0.0	100.0	965	63.3	36.7	0.0	100.0	199
45-49	76.7	23.1	0.2	100.0	958	63.7	36.1	0.2	100.0	211
Residence										
Urban	79.2	20.8	0.0	100.0	4,194	54.5	45.5	0.0	100.0	913
Rural	61.6	38.4	0.0	100.0	2,372	49.4	50.4	0.2	100.0	534
Region										
Yerevan	82.8	17.2	0.0	100.0	2,468	57.4	42.6	0.0	100.0	547
Aragatsotn	71.2	28.8	0.0	100.0	292	71.9	28.1	0.0	100.0	71
Ararat	54.1	45.9	0.0	100.0	462	39.4	60.6	0.0	100.0	110
Armavir	66.0	34.0	0.0	100.0	567	69.4	30.6	0.0	100.0	139
Gegharkunik	59.1	40.9	0.0	100.0	443	33.8	66.2	0.0	100.0	81
Lori	85.2	14.5	0.3	100.0	537	58.4	41.6	0.0	100.0	87
Kotayk	74.1	25.9	0.0	100.0	563	56.7	43.3	0.0	100.0	151
Shirak	56.3	43.7	0.0	100.0	563	28.6	71.4	0.0	100.0	98
Syunik	69.4	30.6	0.0	100.0	281	34.7	65.3	0.0	100.0	67
Vayots Dzor	56.6	42.9	0.5	100.0	107	14.1	82.7	3.2	100.0	31
Tavush	70.1	29.9	0.0	100.0	285	57.4	42.6	0.0	100.0	64
Education										
General basic	44.7	55.3	0.0	100.0	529	31.6	68.4	0.0	100.0	205
Secondary general	63.8	36.1	0.1	100.0	2,440	41.1	58.7	0.2	100.0	586
Specialized secondary	78.8	21.2	0.0	100.0	1,997	61.4	38.6	0.0	100.0	310
Higher	88.5	11.5	0.0	100.0	1,600	76.8	23.2	0.0	100.0	346
Total	72.8	27.1	0.0	100.0	6,566	52.6	47.3	0.1	100.0	1,447

Those respondents who had heard of family medicine were asked what the term meant to them (Figure 2). The majority of respondents—more than seven in ten—said that the term meant "only one doctor for the family." Other common answers were "preventative health care" and "better family health."

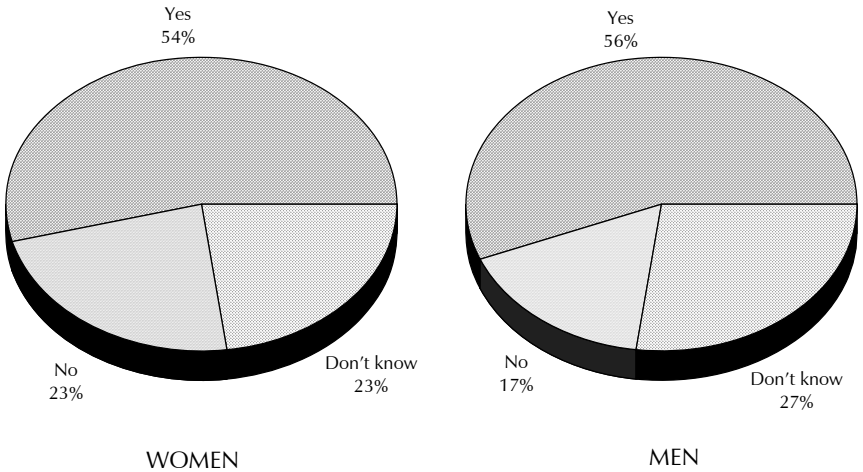
Figure 2 Perceived Meaning of "Family Medicine"



ADHS 2005

Among those respondents who had heard of family medicine, more than half think that it is appropriate for Armenia (Figure 3). However, a sizable proportion of respondents state that they either do not approve or that they are unsure of their attitude toward the program.

Figure 3 Approval of Family Medicine Program



ADHS 2005

Table 16 shows the reasons for not approving of the family medicine program among respondents who said that the family medicine program is not appropriate for Armenia. The most common reason is the belief that family medicine is "expensive". Other reasons were also given; for the most part, these concerns indicate an uncertainty that a single family doctor has enough professional knowledge to treat the entire family.

Table 16. Reasons for not approving of family medicine

Among women and men who have heard of family medicine but do not approve of it, percentage citing specific reasons for disapproval, by background characteristics (women only), Armenia 2005

Background characteristic	Doctors not professional	Doctors less knowlegable	Doctors have no specific knowledge	Don't trust doctor	Prefer old system	Expensive	Other	Don't know	Number of respondents
Age									
15-19	7.0	9.2	12.6	15.7	7.0	53.7	1.6	5.1	131
20-24	3.9	11.5	12.0	15.5	12.4	53.0	1.9	4.7	188
25-29	5.2	12.7	11.6	18.2	14.4	51.5	0.5	3.3	151
30-34	10.4	11.5	13.1	16.5	19.3	50.9	2.2	6.0	120
35-39	6.5	9.0	14.2	14.9	16.6	63.2	0.0	0.0	127
40-44	5.1	11.2	10.5	13.1	11.4	62.8	1.2	1.7	171
45-49	7.5	14.3	12.4	9.4	14.2	60.0	1.9	0.0	191
Residence									
Urban	6.9	10.2	14.1	14.7	15.1	55.9	1.6	2.5	807
Rural	4.7	15.5	6.6	14.0	8.7	58.7	0.8	3.9	273
Education									
General basic	(5.4)	(8.6)	(1.6)	(23.6)	(3.0)	(66.4)	(0.0)	(0.0)	35
Secondary general	4.0	11.9	5.1	14.5	13.4	60.5	1.4	4.2	322
Specialized secondary	7.1	9.6	12.2	12.9	9.5	64.2	1.0	1.7	352
Higher	7.7	13.4	19.5	15.1	18.3	45.2	1.8	3.0	371
All women	6.3	11.6	12.2	14.5	13.5	56.6	1.4	2.8	1,080
All men	8.3	22.4	17.8	16.3	23.1	36.1	3.8	3.2	131

Note: Figures in parentheses are based on 25-49 unweighted cases.

I. HIV/AIDS

Knowledge of HIV/AIDS

The 2005 ADHS included a series of questions that addressed women's and men's awareness about the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). Respondents who had heard of HIV/AIDS were asked about ways to avoid the disease. Table 17 presents the results of these questions.

Overall, more than nine in ten respondents say that they have heard of AIDS. Among women, knowledge of AIDS is high across all background characteristics with the exception of women with general basic education, only 80 percent of whom say that they have heard of AIDS. Women age 15-19 are also somewhat less likely than older women to have heard about AIDS.

Table 17. Knowledge of AIDS

Percentage of women and men who have heard of AIDS and believe there is a way to avoid HIV/AIDS, by background characteristics, Armenia 2005

Background characteristic	Women			Men		
	Has heard of AIDS	Believes there is a way to avoid HIV/AIDS	Number of women	Has heard of AIDS	Believes there is a way to avoid HIV/AIDS	Number of men
Age						
15-19	90.8	74.9	1,123	81.6	75.2	292
20-24	95.9	89.7	1,131	94.4	92.0	237
25-29	97.5	93.6	929	96.3	95.1	202
30-39	97.5	93.4	1,460	94.8	94.3	306
40-49	95.3	90.0	1,922	94.9	92.9	410
Marital status						
Never married	92.9	82.2	2,043	88.2	84.6	615
Married or living together	96.6	91.8	4,044	95.7	93.9	815
Divorced/separated/widowed	96.3	89.7	479	*	*	17
Residence						
Urban	97.6	92.7	4,194	92.8	90.9	913
Rural	91.6	81.4	2,372	91.5	87.8	534
Region						
Yerevan	99.1	96.4	2,468	92.6	91.9	547
Aragatsotn	87.2	81.2	292	99.8	97.5	71
Ararat	93.0	83.8	462	99.6	96.5	110
Armavir	92.4	84.3	567	97.4	97.4	139
Gegharkunik	94.2	85.8	443	90.2	89.2	81
Lori	96.6	83.9	537	92.4	90.5	87
Kotayk	92.9	83.5	563	97.9	94.7	151
Shirak	90.3	82.5	563	79.4	68.6	98
Syunik	96.7	94.0	281	69.8	61.5	67
Vayots Dzor	98.8	94.8	107	89.6	75.0	31
Tavush	94.6	73.4	285	91.9	91.9	64
Education						
General basic	80.0	63.8	529	80.0	74.7	205
Secondary general	94.1	84.5	2,440	92.5	89.8	586
Specialized secondary	98.0	93.4	1,997	94.1	91.5	310
Higher	99.4	97.3	1,600	97.5	97.1	346
Total	95.4	88.6	6,566	92.3	89.8	1,447

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Similar to women, the youngest and least educated men are less likely than others to have heard about AIDS. Additionally, a lower proportion of men living in Shirak and Syunik have heard of AIDS.

Table 17 also shows that almost all women and men who say that they have heard of AIDS believe that there is a way to avoid HIV/AIDS (89 and 90 percent, respectively). This is a higher proportion than estimated in the 2000 ADHS. Although there may have been a true increase in knowledge between the two surveys, it should also be noted that the part of the questionnaire dealing with this topic changed slightly to better capture the knowledge of a respondent.

Use of Condoms

Condom use is one aspect of AIDS prevention initiatives. Table 18 presents information on condom use among women and men; the data are based on respondents who were sexually active during the year preceding the survey, regardless of the type of sexual partner. Overall, 8 percent of women and 29 percent of men report that a condom was used during their last sexual intercourse.

Table 18. Use of a condom at last sexual intercourse

Among women and men who have had sexual intercourse in the past year, percentage who used a condom during last sexual intercourse with any partner, by background characteristics, Armenia 2005

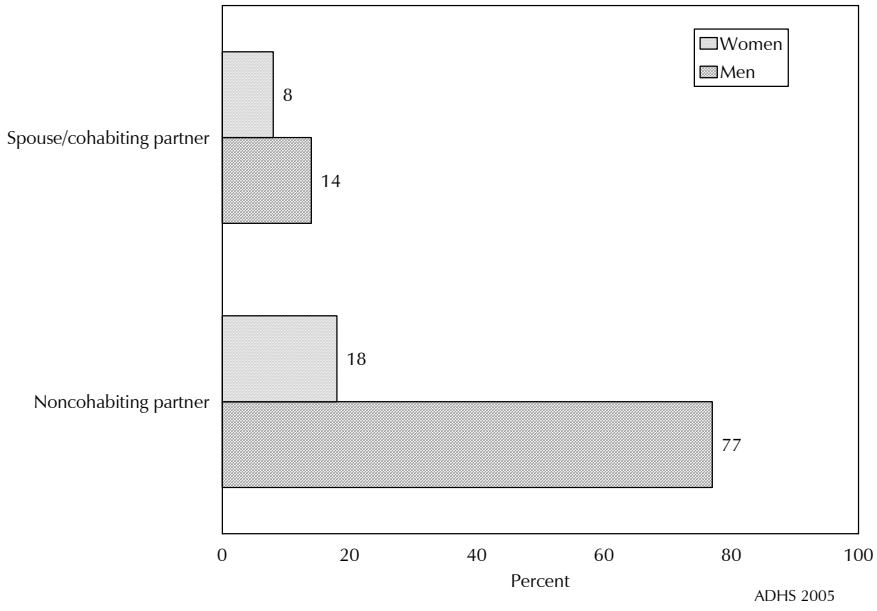
	Women who had sexual intercourse in the past year		Men who had sexual intercourse in the past year	
Background characteristic	Percentage who used a condom at last sexual intercourse	Number	Percentage who used a condom at last sexual intercourse	Number
Age				
15-19	1.1	78	(82.4)	36
20-24	5.4	505	64.0	155
25-29	13.0	694	29.1	179
30-39	11.0	1,180	23.0	300
40-49	5.2	1,473	13.4	389
Marital status				
Never married	*	19	77.4	242
Married or living together	8.2	3,848	13.8	804
Divorced/separated/widowed	(8.7)	64	*	12
Residence				
Urban	10.2	2,375	34.0	690
Rural	5.3	1,555	18.5	368
Region				
Yerevan	12.6	1,341	41.8	433
Aragatsotn	4.0	190	11.4	53
Ararat	6.0	288	29.1	79
Armavir	5.8	361	21.3	108
Gegharkunik	7.8	297	21.4	58
Lori	8.0	328	(8.7)	57
Kotayk	5.7	357	32.6	106
Shirak	2.9	341	4.0	55
Syunik	3.0	184	11.0	44
Vayots Dzor	14.3	62	11.5	21
Tavush	8.9	181	17.9	45
Education				
General basic	1.3	234	29.2	115
Secondary general	6.8	1,575	28.7	390
Specialized secondary	6.7	1,315	23.8	280
Higher	15.8	807	33.1	273
Total	8.3	3,931	28.6	1,058

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Women and men living in urban areas are approximately twice as likely as those living in rural areas to have used a condom during their last intercourse. There is considerable variation by region. Differentials by educational attainment are especially large among women. For example, the percentage of women who used a condom ranges from a low of 1 percent of women with general basic education to a high of 16 percent of women with higher education.

Figure 4 presents condom use at last sexual intercourse by the type of partner. The data show that both women and men are more likely to use a condom with a non-cohabiting partner than with a spouse (or cohabiting partner). However, men are much more likely to use a condom during sex with a non-cohabiting partner than women (77 percent versus 18 percent).

Figure 4 Use of Condoms by Type of Sexual Partner



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Turkey 1998	December	1998	English
Ghana 1998	May	1999	English
Guatemala 1997	June	1999	Spanish
Guinea 1999	October	1999	French
Kazakhstan 1999	December	1999	English/Russian
Tanzania 1999	February	2000	English
Zimbabwe 1999	March	2000	English
Bangladesh 1999-2000	June	2000	English
Egypt 2000	June	2000	English
Ethiopia 2000	July	2000	English
Haiti 2000	September	2000	French
Cambodia 2000	November	2000	English
Turkmenistan 2000	January	2001	English
Malawi 2000	February	2001	English
Rwanda 2000	February	2001	French
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Uganda 2001	May	2001	English
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Jordan 2002	November	2002	English
Dominican Republic 2002	January	2003	Spanish
Uzbekistan 2002	May	2003	English
Indonesia 2003	August	2003	English
Nigeria 2003	October	2003	English
Kenya 2003	December	2003	English
Indonesia (young adult) 2002	December	2003	English
Jayapura City, Indonesia (young adult) 2002	December	2003	English
Philippines 2003	January	2004	English
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Mozambique 2003	April	2004	English
Burkina Faso 2002-03	May	2004	French
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Morocco 2003-04	June	2004	French
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Peru Continuous 2004-05	April	2005	Spanish
Tanzania 2004-05	May	2005	English
Uganda (AIS) 2004-05	June	2005	English
Malawi 2004	August	2005	English
Senegal 2005	August	2005	French
Guinea 2005	August	2005	French
Lesotho 2004	September	2005	English
Egypt 2005	September	2005	English
Rwanda 2005	November	2005	French
Ethiopia 2005	November	2005	English
Moldova 2005	November	2005	English/Romanian
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